

**SENDER: COMPLETE THIS SECTION**  
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

Doctor Nicholson,  
M.D. Physician  
Autauga County Metro Jail  
136 North Court Street  
Prattville, AL 36067

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
☒ *RK Nicholson MD* ☐ Agent  
☐ Addressee

B. Received by (Printed Name) *RK Nicholson MD* C. Date of Delivery *10-3-06*

Delivery address different from item 1? ☐ Yes  
ES, enter delivery address below: ☐ No

*File CV 748 and to  
Camp, order of*

Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

7005 1820 0002 3461 0362

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540